

AMERICORPS



**Apply
today**

We're glad you're interested in becoming an AmeriCorps member. Use this application to apply to any program in the AmeriCorps network:

- AmeriCorps*VISTA (Volunteers in Service to America)—Members are located throughout the country in low-income communities, reaching out to residents and developing local leadership to overcome poverty.
- AmeriCorps*NCCC (National Civilian Community Corps)—Members live on one of five regional campuses and work in teams on a variety of service projects throughout the year.
- The 600 other AmeriCorps*State and National programs that you may apply to directly. (Most accept this application. Check with the program you are interested in.)

All AmeriCorps programs share many of the same benefits, goals, and commitments. And they all strive to Get Things Done.

But the first thing to get done is this application.

To learn more about AmeriCorps, and each of the programs, visit www.americorps.org. Or call AmeriCorps hotline at 1-800-942-2677 (TDD 1-800-833-3722) to receive more information or get answers to any additional questions you may have.

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE APPLICATION

- Use this application for any AmeriCorps program you're applying to; however, if you're applying to one of the 600 AmeriCorps*State and National programs, you should check with them first to see if they require any additional or alternative forms. You may call the AmeriCorps hotline at 1-800-942-2677 to get the phone number of your state's commission on community service, which coordinates local AmeriCorps programs.
- Make a copy of your application before you send it in.
- If you're applying to more than one AmeriCorps program, complete the entire application except for question 7 and the final section, "Certification." Make a copy of the application for each program to which you're applying. Then, answer question 7 and sign each copy separately for each different program.
- If you're applying to AmeriCorps*VISTA, you should apply two to four months prior to your earliest availability date.
- You may use additional sheets of paper to provide more detailed information that will not fit on this application form. Enclose everything in the final application packet that you submit.
- Two reference forms are enclosed in this packet. They are an important part of your application, and your application cannot be considered without them. Completed references must be submitted with your application. They should not be sent separately. Select people who you know well and who are familiar with your personal background, education, employment, and/or professional skills. You should not ask a family member, peer, class-mate, co-worker, or friend to serve as a reference. Consider asking teachers, advisors, school counselors, work supervisors, clergy, coaches, or someone else familiar with your community involvement and extracurricular activities.
- Send your application to the right place. See the back cover of this packet for address information, which depends upon the program you are applying to.

PERSONAL PROFILE

922

1. NAME: _____
LAST FIRST MIDDLE

2. Are you a United States citizen, national, or lawful permanent resident alien? ☐ Yes ☐ No
 If you are a lawful permanent resident alien and you received your card after January 1987, what is registration number and card expiration date? _____

3. SOCIAL SECURITY NUMBER: _____
- -

4. DATE OF BIRTH: _____
MONTH/DAY/YEAR

5. PLACE OF BIRTH: _____
CITY/STATE/COUNTRY

6. GENDER: ☐ Male ☐ Female

7. Which AmeriCorps program are you applying to?

*Check only **one**—If you are applying to more than one AmeriCorps program, fill this in after you copy your application for each program.*

☐ AmeriCorps*NCCC—National Civilian Community Corps. Service teams begin each fall.
 Now, go to question 8.

☐ AmeriCorps*VISTA—Volunteers in Service to America
 It is best to apply two to four months prior to the time you want to start serving.

Earliest date you are available to begin service: _____
MONTH/DAY/YEAR

If you have an issue area preference—such as education, health, homelessness, or economic development—or a site preference (urban or rural), please indicate that below. If you do not have a preference, please skip to question 8.

Issue Area Preference

Site Preference

a. _____

☐ Urban

b. _____

☐ Rural

☐ One of the other 600 programs in the AmeriCorps network. Programs begin throughout the year.
 Visit www.americorps.org/joining/direct to determine which program or programs interest you.

Program Name: _____

Program Address: _____

OMB# 3045-0054

expires June 30, 2002

8. CURRENT ADDRESS: *All information will be sent to this address unless you notify us of a change.*

NUMBER AND STREET (IF POSSIBLE, INCLUDE A NUMBER AND STREET ADDRESS WHEN USING A P.O. BOX)

CITY

STATE

ZIP CODE

Home Phone ()
AREA CODEWork Phone ()
AREA CODEE-Mail
(IF AVAILABLE)9. Are you moving within the next six months? ☐ Yes ☐ No If yes, when*?

DAY/MONTH/YEAR

**Please notify us of new address at time of move.*

10. PERMANENT ADDRESS (if different than above)—Please give the name and address of a person through whom you can always be reached:

Name:

FIRST

LAST

Relationship:

NUMBER AND STREET (IF POSSIBLE, INCLUDE A NUMBER AND STREET ADDRESS WHEN USING A P.O. BOX)

CITY

STATE

ZIP CODE

Home Phone ()
AREA CODEWork Phone ()
AREA CODEE-Mail
(IF AVAILABLE)

EDUCATION

11. Check the highest level of education that you will have completed by the time you are planning to serve in AmeriCorps. (Check only one.)

☐ Some high school☐ Associate's degree☐ Graduate degree☐ High school diploma or GED☐ Some college☐ Other (please specify):☐ Technical school/Apprenticeship☐ Bachelor's degree

12. List all schools after high school that you have attended, including trade or technical schools, military training, and employment training programs.

Name of School (List most recent first)	Location of School (CITY/STATE)	Dates Attended From MO./YR.	To MO./YR.	Major or Area of Study	Type of Degree or Certificate	Date Re- ceived or Expected
A.						
B.						
C.						
D.						

COMMUNITY SERVICE

In the space below, describe how you have reached out to help others and/or how you have been involved in your own community. Elaborate on why you decided to help out or get involved, and what you received in return—that is, what you learned or how it made you feel. Think in broad terms. Your involvement could include serving in neighborhood, school, youth, religious, social, professional, or volunteer groups; helping out with community service projects; or participating in less formal activities such as assisting an elderly neighbor.

13. How have you been involved in your community? *If you served in an organization, include the organization name, location, dates, and phone number. List your most recent activity first.*

A. DATES OF INVOLVEMENT: From: _____ To: _____ HOURS PER MONTH: _____
MONTH/YEAR MONTH/YEAR

Organization Name: _____ Location: _____ Phone: _____
 () _____
AREA CODE

Description of Involvement: _____

B. DATES OF INVOLVEMENT: From: _____ To: _____ HOURS PER MONTH: _____
MONTH/YEAR MONTH/YEAR

Organization Name: _____ Location: _____ Phone: _____
 () _____
AREA CODE

Description of Involvement: _____

14. Have you previously served in AmeriCorps? ☐ No ☐ Yes Program name: check all that apply:

☐ AmeriCorps*VISTA ☐ AmeriCorps*NCCC ☐ AmeriCorps*State and National Program

Location: _____; from _____ to _____.
CITY STATE MONTH/YEAR MONTH/YEAR

Did you complete your term of service? ☐ Yes ☐ No

If no, why not? _____

EMPLOYMENT

15. List and briefly describe the last four positions you have held. Begin with the current or most recent and go back ten years. Include self-employment, internships/fellowships, home management, and full- or part-time paid or unpaid work experience. (You may attach a resume instead only if it addresses the information requested below.)

Name and Address of Employer	Dates	Job Title and Duties
A. Organization, city/state: Supervisor and Phone: 	From: ____/____/____ MO./YR. To : ____/____/____ MO./YR. Hours/week: ____	Title: _____ Duties: _____ Reason for leaving: _____
B. Organization, city/state: Supervisor and Phone: 	From: ____/____/____ MO./YR. To : ____/____/____ MO./YR. Hours/week: ____	Title: _____ Duties: _____ Reason for leaving: _____
C. Organization, city/state: Supervisor and Phone: 	From: ____/____/____ MO./YR. To : ____/____/____ MO./YR. Hours/week: ____	Title: _____ Duties: _____ Reason for leaving: _____
D. Organization, city/state: Supervisor and Phone: 	From: ____/____/____ MO./YR. To : ____/____/____ MO./YR. Hours/week: ____	Title: _____ Duties: _____ Reason for leaving: _____

16. Explain any period of time greater than six months not accounted for by work, school, or military service. _____

MOTIVATIONAL STATEMENT

17. Why do you want to join AmeriCorps? What could you contribute to AmeriCorps? What do you hope to gain from serving as an AmeriCorps member? If you need additional room, attach a separate piece of paper and limit your response to 500 words.

SKILLS AND EXPERIENCE

18. Listed below are skill areas that some programs find useful and may seek in applicants for AmeriCorps. Indicate the skill areas in which you have had training or experience, including volunteer or community service experience, and indicate how you gained those skills.

EXAMPLE: ☒ Counseling Dorm Advisor

- | | |
|---|---|
| <input type="radio"/> Architecture Planning _____ | <input type="radio"/> Business _____ |
| <input type="radio"/> Computers _____ | <input type="radio"/> Communications _____ |
| <input type="radio"/> Counseling _____ | <input type="radio"/> Conflict Resolution _____ |
| <input type="radio"/> Education _____ | <input type="radio"/> First Aid _____ |
| <input type="radio"/> Fine Arts/Crafts _____ | <input type="radio"/> Fundraising _____ |
| <input type="radio"/> Law _____ | <input type="radio"/> Medicine _____ |
| <input type="radio"/> Public Health _____ | <input type="radio"/> Public Speaking _____ |
| <input type="radio"/> Recruitment/Outreach _____ | <input type="radio"/> Teaching/Tutoring _____ |
| <input type="radio"/> Trade Skills _____ | <input type="radio"/> Writing/Editing _____ |
| <input type="radio"/> Youth Development _____ | <input type="radio"/> Other (specify): _____ |

19. Do you know or have you studied any language other than English? ☐ Yes ☐ No

Language: _____

Number of Years Studied or Spoken: _____

Speaking Ability: ☐ Poor ☐ Fair ☐ Good ☐ Excellent

Writing Ability: ☐ Poor ☐ Fair ☐ Good ☐ Excellent

20. In the space below or on a separate sheet of paper, provide any additional experience that may be helpful in evaluating your application.

FOR NCCC APPLICANTS ONLY

21. AmeriCorps*NCCC is in search of participants from different economic backgrounds. This section will establish the size and total income of your household.

INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD? _____

WHAT IS YOUR TOTAL HOUSEHOLD INCOME FROM ALL SOURCES PER YEAR? \$ _____

DO YOU OR MEMBERS OF YOUR HOUSEHOLD RECEIVE PUBLIC ASSISTANCE (SUCH AS TANF OR FOOD STAMPS)?

☐ Yes. Please specify: _____

☐ No

DO YOU HAVE CHILDREN WHO RELY ON YOU AS THEIR PRIMARY CARETAKER OR FOR FINANCIAL SUPPORT? ☐ Yes ☐ No

LEGAL

Answer the following questions fully. Existence of criminal conviction/adjudication may or may not, depending on the circumstances, disqualify you from consideration. However, any intentional misrepresentation or omission will disqualify you. Do not include minor traffic violations.

22. Have you ever been:

- convicted of any criminal offense by a civilian court or by military authorities? ☐ Yes ☐ No
- adjudicated or held responsible as a juvenile offender of any criminal offense by a civilian court or by authorities? ☐ Yes ☐ No

Are you now:

- under charges for any offenses or are any civil suits or judgments pending against you? ☐ Yes ☐ No
- on probation or parole? ☐ Yes ☐ No

If no, skip to "Certification" below.

If you answered yes to any of the questions above, please provide the following information:

Date: _____ Place: _____
MONTH/DAY/YEAR CITY STATE

Charge: _____ Action Taken: _____

Court, Probation, or Parole Officer: _____ Phone: (_____) _____
NAME AREA CODE

Address: _____
STREET ADDRESS CITY STATE ZIP CODE

You may attach any additional information or explanation on a separate sheet.

CERTIFICATION

Your application must be certified with your original signature in ink. If you are applying to more than one AmeriCorps program, make a copy for each program that you're applying to first, then sign each one.

I certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge, and are made in good faith. I understand that misinformation or omission of information could result in disqualification and/or termination as an AmeriCorps member. I also understand that my selection for participation in some AmeriCorps programs, including AmeriCorps*NCCC, will require a physical examination, including drug and alcohol testing. Background and security checks may also be conducted by some programs.

PRIVACY ACT NOTICE: The Privacy Act of 1974 (5 U.S.C § 552a) requires that the following notice be provided to you: The authority for collecting information from you in this application is contained in 42 U.S.C 12592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C 4953 of the Domestic Volunteer Service Act of 1973 as amended. You are advised that submission of the information is entirely voluntary, but the requested information is required in order for you to participate in AmeriCorps programs.

The principal purpose for requesting this personal information is to process your application for acceptance into an AmeriCorps program, and for other general routine purposes associated with your participation in an AmeriCorps program. These routine purposes may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests, to present and former employers, references provided by you in your application, and educational institutions, for the purpose of verifying the information provided by you in your application. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information will not otherwise be disclosed to entities outside of AmeriCorps and the Corporation for National Service without your prior written permission.

SIGNATURE _____ DATE _____

For Parent or Guardian of Applicants Under 18 Years of Age: *I have reviewed this application and I authorize my son/daughter/legal ward to apply to AmeriCorps.*

SIGNATURE _____ DATE _____

Name: _____

Relation: _____ Phone: (_____) _____
AREA CODE

Address: _____
STREET ADDRESS CITY STATE ZIP CODE

OPTIONAL INFORMATION

This information will be used for statistical purposes and will not be used in the evaluation of your application. It will in no way affect your selection into AmeriCorps. Completion of this section is voluntary; failure to respond will in no way affect your candidacy.

HOW DID YOU HEAR ABOUT AMERICORPS? *You may check more than one.*

- | | |
|--|--|
| <input type="radio"/> AmeriCorps representative (service/career fair, conference, information session) | <input type="radio"/> College guidance office/Placement office |
| <input type="radio"/> Armed Forces | <input type="radio"/> Department of Education |
| <input type="radio"/> Current or former AmeriCorps member | <input type="radio"/> High school guidance counselor |
| <input type="radio"/> Friend/Relative | <input type="radio"/> Newspaper/Magazine article |
| <input type="radio"/> Internet/Listserv/E-mail | <input type="radio"/> Peace Corps |
| <input type="radio"/> Newspaper/Magazine advertisement | <input type="radio"/> Radio advertisement |
| <input type="radio"/> Other service organization | <input type="radio"/> Received information in the mail |
| <input type="radio"/> Radio story | <input type="radio"/> Television news story |
| <input type="radio"/> Television advertisement | <input type="radio"/> Other (speci- |
| <input type="radio"/> Poster at school | |

fy): _____

WHAT IS YOUR ETHNICITY? ☐ Hispanic or Latino ☐ Not Hispanic or Latino

WHAT IS YOUR RACE? *Mark one or more:*

- ☐ American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- ☐ Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ Black or African American. A person having origins in any of the black racial groups of Africa.
- ☐ Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

REFERENCE FORM

TO THE APPLICANT:

Please fill out the lines below and give this form to each of your references. Your reference should complete this form, seal it in an envelope, sign his or her name across the seal on the outside of the envelope, and return it to you to include with the application you send to AmeriCorps.

Applicant's Name:

LAST

FIRST

MIDDLE

Address:

(IF P.O. BOX, ALSO GIVE NUMBER AND STREET)

CITY

STATE

ZIP CODE

Home Phone:

(AREA CODE)

Work Phone:

(AREA CODE)

INDICATE THE PROGRAM THAT YOU ARE APPLYING TO (check only one):

☐ AmeriCorps*NCCC

☐ AmeriCorps*VISTA

☐ One of the other 600 programs in the AmeriCorps network (be specific):

Program name:

Program location:

CITY/STATE

TO THE PERSONAL REFERENCE:

AmeriCorps engages more than 40,000 citizens in a year of full-time, results-driven service sponsored by hundreds of local and national nonprofits. In return, AmeriCorps members earn education awards that help pay for college or pay back student loans. AmeriCorps members help communities meet critical challenges in the areas of education, public safety, the environment, and other human needs.

The person named above is applying to be an AmeriCorps member. The applicant has indicated that you would be able to evaluate his or her qualifications and provide us with a candid recommendation. The success of AmeriCorps largely depends upon an appropriate match between programs and members. Considerable value is placed on personal references during the application review and selection process. Your input is greatly appreciated.

Name of Reference:

LAST

FIRST

MIDDLE

Position/Title:

Organization/Institution:

Address:

(IF P.O. BOX, ALSO GIVE NUMBER AND STREET)

CITY

STATE

ZIP CODE

Home Phone:

(AREA CODE)

Work Phone:

(AREA CODE)

KNOWLEDGE OF THE APPLICANT

How long have you known the applicant? Years: _____ Months: _____

In what capacity have you known the applicant?

- | | |
|---|--|
| <input type="radio"/> Job Supervisor/Employer | <input type="radio"/> Clergy |
| <input type="radio"/> Volunteer Supervisor | <input type="radio"/> Coach |
| <input type="radio"/> High School Teacher | <input type="radio"/> College Instructor |
| <input type="radio"/> Other (specify): _____ | |

Please describe the situation in which you know the applicant.

WORK PERFORMANCE

1. Please comment on such qualities as the applicant's level of dependability, initiative, and ability to work with minimal supervision and as a member of a team.

2. In your judgment, how competent is this applicant, as demonstrated by work in the community, in school, on the job, or in a position of responsibility? Please check one.

- ☐ Outstanding performance
- ☐ Above average performance
- ☐ Satisfactory
- ☐ Below average performance
- ☐ Non-satisfactory performance

RELATIONSHIPS WITH OTHER PEOPLE

3. AmeriCorps members are required to understand other people's viewpoints and problems and to communicate with people from differing backgrounds. Please comment briefly on the applicant's relationships with others.

4. AmeriCorps members must serve with other participants and with people of varied cultural, economic, education, racial, and religious backgrounds. How would you rate the applicant's working relationships with other people? Please check one.

- ☐ Works well with others; can lead or follow as the occasion demands.
- ☐ Usually works well with others; can lead or follow in most situations.
- ☐ Has average working relationships with others.
- ☐ Has difficulty working with others.
- ☐ Does not work well with others.

EMOTIONAL MATURITY

5. Please comment on the the applicant's ability to adapt and work under difficult and changing conditions.

6. AmeriCorps members often serve in conditions of hardship and inconvenience. They must be able to deal with new and changing living conditions, limited financial resources, and considerable amounts of stress. With these considerations in mind, how would you rate the applicant? Please check one.

- ☐ Highly effective even in adverse situations and changing conditions.
- ☐ Able to adapt to adverse situations and changing conditions.
- ☐ About average in adapting to adverse situations and changing conditions.
- ☐ May not be able to stand up well in adverse situations and changing conditions.
- ☐ Completely unable to handle adverse situations or adapt to changing conditions.

ADDITIONAL COMMENTS AND SUPPORTING INFORMATION

7. If you wish, use additional paper to explain any of your ratings, and anything else about this applicant that you feel is relevant to serving in AmeriCorps—such as the applicant's desire to serve others, maturity, work ethic, flexibility, and dependability. Explain any reservations that you have regarding the applicant's participation in the AmeriCorps program to which he or she has applied.

OVERALL RECOMMENDATION

8. What is your overall recommendation?

- ☐ I recommend the applicant without reservation as an excellent candidate for AmeriCorps service.
- ☐ I recommend the applicant as a good candidate for AmeriCorps service.
- ☐ I have some reservations, but I believe the applicant has a reasonable chance of success.
- ☐ I have some substantial doubts about the applicant.
- ☐ I do not recommend this applicant for AmeriCorps service.

CONFIDENTIALITY STATEMENT

- ☐ I AUTHORIZE the program and/or the Corporation for National Service to identify me as the source of this reference and to release a copy of this reference in its entirety upon request to the applicant.
- ☐ I DO NOT authorize the program and/or the Corporation for National Service to identify me as the source of this reference, nor do I authorize the release of a copy of this reference in its entirety to the applicant.

Your Signature: _____

PLEASE RETURN THIS FORM, IN AN ENVELOPE SIGNED
ACROSS THE SEAL, DIRECTLY TO THE APPLICANT.

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LAST

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Address: _____

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(AREA CODE)

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Your Signature: _____

PLEASE RETURN THIS FORM, IN AN ENVELOPE SIGNED
ACROSS THE SEAL, DIRECTLY TO THE APPLICANT.

WHERE TO SEND YOUR APPLICATION

Check out www.americorps.org and find out how to apply on-line directly to any AmeriCorps program.

If you don't have access to the internet, you can still apply on-line. Call now to find out how to apply on-line: 1-800-942-2677

If you are applying to AmeriCorps*NCCC, send it to:

AmeriCorps*NCCC
1201 New York Avenue, N.W.
Washington, DC 20525

Your World...
Your Chance
to make it Better!

If you are applying to specific AmeriCorps programs, send your application directly to that organization. To find a program that interests you, check the opportunities listed on the AmeriCorps website at www.americorps.org/joining/direct. It is a good idea to call a specific program before you apply in order to ensure that applications are being accepted.

QUESTIONS? CALL 1-800-942-2677 OR VISIT www.americorps.org

